



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower

The Governor Nelson A. Rockefeller Empire State Plaza

Albany, NY 12237

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

November 26, 2004

Dear Administrator:

Nursing homes in New York State have experienced several recent cases of confirmed influenza. The New York State Department of Health continues to recommend vigilant implementation of strategies to contain and control the spread of influenza symptoms in nursing facilities. The implementation of containment and antiviral treatment can significantly reduce the spread of influenza, as addressed in my October 28, 2004 letter.

Influenza is a respiratory virus that generally causes mild illness, except for those at high risk, including most nursing home residents. In the event residents in your facility experience symptoms of the flu; fever, headache, extreme tiredness, dry cough, sore throat, runny or stuffy nose and muscle aches, steps to identify the cause and control the spread should be implemented immediately. Residents infected by influenza may experience some of the complications caused by the flu, such as bacterial pneumonia, dehydration and the worsening of some chronic medical conditions. For those residents that experience more severe symptoms, hospitalization may be necessary, but transfer should only take place when a resident's medical conditions exceeds the abilities of the nursing home.

Facilities have reported transferring residents with flu-like symptoms, or confirmed flu, to acute care hospitals for intravenous antibiotics, diagnosis of abnormal breath sounds/congestion by x-ray, or to be seen during off-hours by a physician. Because the virus that causes influenza can spread easily through sneezing and coughing, nursing homes should only transfer a resident to an acute care hospital if they are unable to care for that resident. It is recommended that facilities plan on processes or policies, prior to flu-related illness in your facility, to limit the transfer of residents to the hospital for diagnosis/treatment.

Some examples of issues to plan for:

- Facilities should identify providers in their area that perform x-rays at the bedside for timely diagnosis 24 hours a day/7 days a week.
- Communicate with local acute care hospitals to plan for a process, during the flu season, for direct admissions of residents that exhibit more severe flu-related illness, rather than admitting through the emergency room and exposing other patients to influenza.

- During the flu season re-evaluate the physician on-call schedule to cover off-shifts when residents may need to be evaluated by a physician.
- Educate and certify a pool of nurses to provide intravenous therapy on-site.

There may be unforeseen medical changes in a resident's condition that warrants a transfer to an emergency room, but due to the shortage of influenza vaccine this flu season, I am requesting that clinicians use good clinical judgment prior to sending residents to acute care facilities.

If you have further questions, please call your local regional office or refer to our website for influenza updates at www.health.state.ny.us.

Sincerely,

A handwritten signature in black ink, reading "Antonia C. Novello M.D., M.P.H., Dr. P.H." in a cursive script.

Antonia C. Novello, M.D., M.P.H., Dr. P.H.
Commissioner of Health